Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

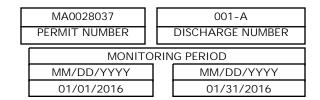
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	6.9	*****	6.9	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	200	gal/min	*****	*****	****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	200 DAILY MX	gal/min	*****	****	****	*****		Continuous	Meter

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Stennen Cinullo	TELEPI	HONE	DATE
Stephen orpane, Ferninal Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)847-0993)2/15/2016
TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

 ${\tt COMMENTS} \ {\tt AND} \ {\tt EXPLANATION} \ {\tt OF} \ {\tt ANY} \ {\tt VIOLATIONS} \ ({\tt Reference} \ {\tt all} \ {\tt attachments} \ {\tt here})$

Meter Readings4226780042011100256700 Total gallons discharged

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

MA	0028037		001-A
PERM	IT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
MM	I/DD/YYYY		MM/DD/YYYY
02	2/01/2016		02/29/2016

DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	*****	6.9	****	6.9	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	****	****	****	*****	****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	200	gal/min	*****	*****	****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	200 DAILY MX	gal/min	*****	****	****	*****		Continuous	Meter

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	STENNEN (INIIII)	TELEPI	HONE	DATE
Totophon olpanor rominar manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)847-0993)3/14/2016
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Meter Readings4259270042267800324900 - Total gallons discharged

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

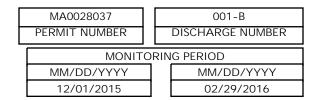
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

QUARTERLY DATA External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toluene	SAMPLE MEASUREMENT	****	****	****	*****	****	1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	****	****	*****	*****	****	1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	****	****	*****	*****	****	4.7	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	****	****	*****	****	****	4.7	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	****	****	*****	*****	****	4.7	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	****	****	*****	****	****	4.7	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	****	****	****	*****	****	1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Stephen Cipullo/ Terminal manager

TYPED OR PRINTED

NUMBER

TELEPHONE

(617)847-0993

AREA Code

Stephen Cipullo

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

)3/14/201

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

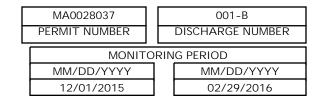
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

QUARTERLY DATA External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	****	****	*****	****	****	4.7	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	****	****	*****	****	*****	4.7	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	****	*****	*****	****	*****	4.7	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	****	****	****	****	****	4.7	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	****	****	*****	****	****	2	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

I I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Stephen Cipullo	TELEP	HONE	DATE
t otopriori orpanor rominar manager I	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84	7-0993)3/14/201
	information, including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '` SPRAGUE TWIN RIVERS TECH TERM

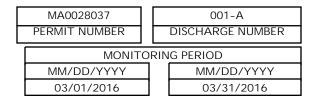
ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER	ľ	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	6.6	*****	6.6	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	****	****	*****	****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	200	gal/min	****	****	****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	200 DAILY MX	gal/min	****	****	****	*****		Continuous	Meter

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I Stenhen Cinullo	TELEPI	HONE	DATE
Stephen orpane, Ferninal Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84	7-0993)4/14/2016
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings4271750042592700124800 Total gallons discharged

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '` SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

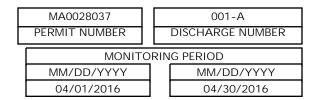
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	*****	7.2	****	7.2	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	****	****	****	*****	****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	200	gal/min	*****	****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	200 DAILY MX	gal/min	*****	****	****	*****		Continuous	Meter

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Stephen Cipullo/ Terminal Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84 ⁻	7-0993)5/13/2010
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings4301360042717500296100 total gallons discharged

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '` SPRAGUE TWIN RIVERS TECH TERM

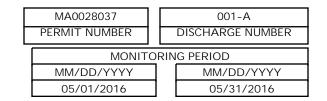
ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Н	SAMPLE MEASUREMENT	****	****	*****	8.4	*****	8.4	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	****	*****	6.8	6.8	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	200	gal/min	*****	****	****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	200 DAILY MX	gal/min	*****	****	****	*****		Continuous	Meter

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Stephen elpane, reminar Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)847-0993)6/14/2016
TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

 ${\tt COMMENTS} \ {\tt AND} \ {\tt EXPLANATION} \ {\tt OF} \ {\tt ANY} \ {\tt VIOLATIONS} \ ({\tt Reference} \ {\tt all} \ {\tt attachments} \ {\tt here})$

Meter Readings4313780043013600124200 Total gallons discharged

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

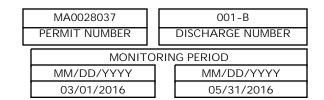
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

QUARTERLY DATA External Outfall

No Discharge

		QUAN	TITY OR LOAD!	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toluene	SAMPLE MEASUREMENT	****	****	****	*****	****	< 1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	*****	****	****	****	****	< 1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	****	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	****	****	****	****	< 4.7	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	****	****	****	*****	****	< 4.7	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	****	****	****	*****	****	< 4.7	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	****	*****	****	*****	****	< 4.7	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	****	****	****	*****	*****	< 1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l Stennen Cinullo	TELEP	HONE	DATE
	Stephen Sipane, Terminar Manager	person or persons who manage the system, or those persons directly responsible for gathering he information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84	7-0993)6/14/2016
İ	TYPED OR PRINTED	anto matton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

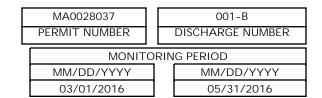
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

QUARTERLY DATA External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 4.7	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	****	****	****	*****	****	< 4.7	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	****	****	****	****	****	< 4.7	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	****	****	****	*****	****	< 4.7	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 2	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Stephen Cipullo	TELEPI	DATE	
Stephen elpane, reminar Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84	7-0993)6/14/2016
TYPED OR PRINTED	and match, nelecting the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

 MA0028037
 001-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 06/01/2016
 06/30/2016

DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Нα	SAMPLE MEASUREMENT	****	*****	*****	7.4	*****	7.4	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	< 4	4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	****	****	****	*****	****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	200	gal/min	*****	*****	****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	200 DAILY MX	gal/min	*****	****	****	*****		Continuous	Meter

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Stennen Cinullo	TELEPI	HONE	DATE
Stephen elpane, reminar Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)847-0993)7/15/2016
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Meter Readings432017004313780063901 - Total gallons discharged

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

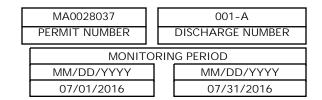
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	200 DAILY MX	gal/min	*****	****	****	*****		Continuous	Meter

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Stephen Cipullo	TELEPI	HONE	DATE
Stephen orpane, reminar manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)847-0993)8/15/2016
TYPED OR PRINTED	amormation, moreoving the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Meter Readings43201700432017000

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169 ATTN: STEVE CIPULLO, TERMINAL MGR
 MA0028037
 001-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 08/01/2016
 08/31/2016

DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	****	*****	*****		Continuous	Meter

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified weersonnel properly atther and evaluate the information submitted. Based on my inquiry of the	l Stennen Cinullo	TELEP	HONE	DATE
Stephen Cipullo/ Terminal Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)847-0993)9/09/2010
TYPED OR PRINTED	amorniador, medding the possionity of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings43201700432017000

Total gallons discharged

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

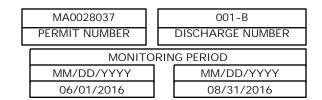
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

QUARTERLY DATA External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toluene	SAMPLE MEASUREMENT	*****	****	****	*****	*****	NODI C				
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI C				
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI C				
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI C				
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	*****	****	*****	****	*****	NODI C				
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Stephen Cipullo/ Terminal Manager

TYPED OR PRINTED

NUMBER

TELEPHONE

(617)847-0993

AREA Code

Stephen Cipullo

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

0/27/201

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '` SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

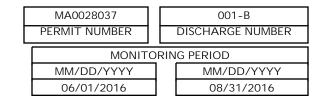
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

QUARTERLY DATA External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	****	*****	****	*****	****	NODI C				
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Stephen Cipullo	TELEPI	HONE	DATE
Stephen orpane, Forminar Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84	0/27/2010	
TYPED OR PRINTED	amormation, moreoving the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

 MA0028037
 001-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 09/01/2016
 09/30/2016

DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	200 DAILY MX	gal/min	*****	****	****	*****		Continuous	Meter

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Stephen Cipullo	TELEP	HONE	DATE
Stephen Cipullo/ Terminal Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84	7-0993	0/07/2010
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings 43201700432017000

Total gallons discharged

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SPRAGUE TWIN RIVERS TECH TERM

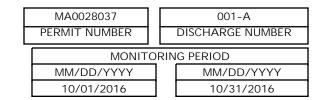
ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Н	SAMPLE MEASUREMENT	*****	*****	****	7.7	*****	7.7	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	****	****	*****	****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	200	gal/min	*****	*****	****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	200 DAILY MX	gal/min	*****	****	****	*****		Continuous	Meter

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I Stenhen Cinullo	TELEP	HONE	DATE
Stephen orpane, Ferninal Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84	7-0993	1/14/2016
TYPED OR PRINTED	and matter, melating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings4357990043201700378200 - Total gallons discharged

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SPRAGUE TWIN RIVERS TECH TERM

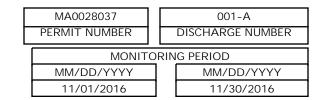
ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	7.4	****	7.4	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	****	****	****	****	****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	200	gal/min	*****	****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	200 DAILY MX	gal/min	*****	****	****	*****		Continuous	Meter

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Stephen Cipullo	TELEP	HONE	DATE
Stephen Cipullo/ Terminal Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84	7-0993	2/15/2010
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings4369680043579900116900 Total gallons discharged

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '` SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

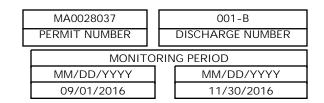
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

QUARTERLY DATA External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toluene	SAMPLE MEASUREMENT	*****	****	*****	*****	****	1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	4.8	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	****	*****	*****	****	4.8	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	4.8	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	4.8	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I STANDAN (INIIII)	TELEP	HONE	DATE
Stophen Sipunor Terminar Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84	7-0993	2/15/2016
TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

MA0028037 001-B
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY
09/01/2016 11/30/2016

DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

QUARTERLY DATA External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	****	*****	*****	*****	****	4.8	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	****	*****	****	*****	****	4.8	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	****	*****	*****	****	****	4.8	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	****	****	****	****	****	4.8	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	****	****	****	****	****	2	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person of persons who manage the system or those persons directly responsible for pathering	Stephen Cipullo	TELEPI	HONE	DATE
Stephen orpane, reminar manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84	7-0993	2/15/2010
TYPED OR PRINTED	amormation, moreoving the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SPRAGUE TWIN RIVERS TECH TERM

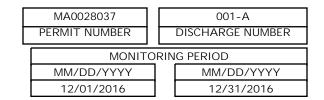
ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	200 DAILY MX	gal/min	*****	****	****	*****		Continuous	Meter

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I Stenhen Cinullo	TELEPI	HONE	DATE
Stephen orpane, Ferninal Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84	7-0993)1/13/201
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Meter Readings43696800436968000

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169 ATTN: STEVE CIPULLO, TERMINAL MGR
 MA0028037
 001-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 01/01/2017
 01/31/2017

DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Н	SAMPLE MEASUREMENT	****	*****	*****	7.8	*****	7.8	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	****	****	****	*****	****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	200	gal/min	*****	****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	200 DAILY MX	gal/min	*****	****	****	*****		Continuous	Meter

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Stephen Cipullo	TELEPI	HONE	DATE
Stephen Cipullo/ Terminal Manager	personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowling violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84 ⁻	7-0993)2/14/201
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings4419580043696800499000 - Total gallons discharged

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

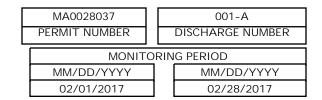
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	****	****	*****	****	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	200 DAILY MX	gal/min	****	*****	****	*****		Continuous	Meter

I	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	TELEPI	HONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84 ⁻	7-0993)3/16/201
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings44196800441968000

Total gallons discharged

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '` SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

 MA0028037
 001-B

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 12/01/2016
 02/28/2017

DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

QUARTERLY DATA External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toluene	SAMPLE MEASUREMENT	*****	****	*****	****	****	NODI C				
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	****	*****	****	*****	NODI C				
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	****	*****	****	*****	NODI C				
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI C				
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI C				
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

I .	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l Stenhen Cinullo	TELEP	HONE	DATE
Cropmon Cipano, Formina manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84	7-0993)3/10/201
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings44196800441968000 Gallons discharged

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

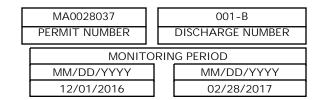
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

QUARTERLY DATA External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI C				
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	****	****	*****	****	NODI C				
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	*****	****	****	*****	****	NODI C				
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Stennen Cinullo	TELEPI	HONE	DATE
Stephen orpane, Ferninal Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)847-0993)3/10/201
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings44196800441968000 Gallons discharged

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '` SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

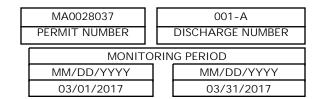
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	7.8	*****	7.8	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	****	****	****	*****	****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	200	gal/min	****	****	****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	200 DAILY MX	gal/min	*****	****	****	*****		Continuous	Meter

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Stephen Cipullo	TELEP	HONE	DATE
Stephen orpane, Forminar Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)847-0993)4/20/201
TYPED OR PRINTED	amormation, moreoving the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Reading4466470044195800468900 - Total gallons discharged

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

 MA0028037
 001-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 04/01/2017
 04/30/2017

DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	7.3	****	7.3	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	****	****	*****	*****	****	9.3	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	200	gal/min	*****	****	****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	****	****	*****		Continuous	Meter

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Stennen Cinullo	TELEPI	HONE	DATE
Stephen orpane, Ferninal Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)847-0993)5/15/201
TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings4539720044664700732500 Total gallons discharged

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SPRAGUE TWIN RIVERS TECH TERM

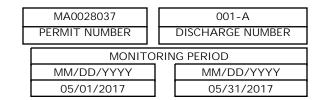
ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	7	****	7	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	200	gal/min	*****	****	****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	****	****	*****	*****		Continuous	Meter

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I Stenhen Cinullo	TELEPI	HONE	DATE
Stephen orpane, Ferninal Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)847-0993)6/15/201
TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings4576940045397200372200 - Total gallons discharged

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '` SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

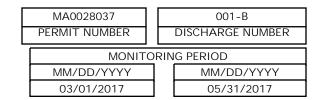
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

QUARTERLY DATA External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toluene	SAMPLE MEASUREMENT	*****	****	*****	****	*****	< 1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	****	****	****	****	****	< 1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	****	****	****	****	****	< 9.9	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	****	****	****	****	****	< 9.9	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	****	*****	****	*****	< 9.9	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	****	*****	*****	****	****	< 9.9	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	< 1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the	Stephen Cipullo	TELEP	HONE	DATE
Stophen dipanor reminar manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84	7-0993)6/15/201
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '` SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

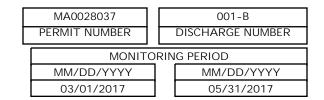
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

QUARTERLY DATA External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 9.9	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	****	****	****	****	****	< 9.9	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	****	****	****	****	****	< 9.9	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 9.9	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 3	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	l Stennen Cinullo	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)847-0993)6/15/201
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	DRING PERIOD
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Н	SAMPLE MEASUREMENT	*****	*****	****	7.1	*****	7.1	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	17	17	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	200	gal/min	****	****	****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	200 DAILY MX	gal/min	*****	****	****	*****		Continuous	Meter

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Stennen Cinullo	TELEPI	HONE	DATE
Stephen orpane, Ferninal Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)847-0993)7/14/201
TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings4614620045769400376800

- Total gallons discharged

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '` SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

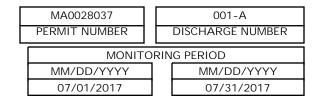
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	7.1	*****	7.1	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	****	****	*****	****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	200	gal/min	****	****	****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	200 DAILY MX	gal/min	*****	****	****	*****		Continuous	Meter

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Stennen Cinullo	TELEPI	HONE	DATE
Stephen orpane, Ferninal Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84	7-0993)8/14/201
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings4639520046146200249000

- Total gallons discharged

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

Γ	MA0028037		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	08/01/2017]	08/31/2017

DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	200 DAILY MX	gal/min	****	*****	****	*****		Continuous	Meter

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I Stenhen Cinullo	TELEP	HONE	DATE
Stephen orpane, Ferninal Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84	7-0993)9/12/201
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings46395200463952000

Total gallons discharged

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

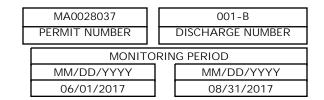
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

QUARTERLY DATA External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toluene	SAMPLE MEASUREMENT	*****	****	*****	****	*****	< 1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	****	****	****	****	****	< 1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	****	****	< 9.6	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	< 9.6	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	< 9.6	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	****	****	< 9.6	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	*****	****	*****	****	****	< 1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I STENNEN CINCILIO	TELEP	HONE	DATE
Totopriori orpano, rominarmanagor	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84	7-0993)9/12/201
TYPED OR PRINTED	arrormation, including the possibility of this and imprisonifiert for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SPRAGUE TWIN RIVERS TECH TERM

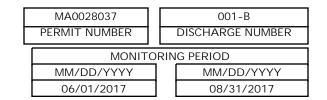
ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

QUARTERLY DATA External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	****	****	*****	****	****	< 9.6	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	****	*****	****	****	****	< 9.6	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	****	****	****	****	****	< 9.6	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	****	****	****	****	****	< 9.6	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	****	****	*****	****	****	< 3	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Stephen Cipullo	TELEPI	HONE	DATE
Stephen orpane, Ferninal Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84)9/12/201	
TYPED OR PRINTED	amormation, moreoving the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SPRAGUE TWIN RIVERS TECH TERM

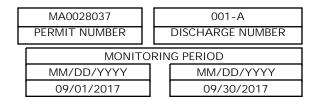
ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Нα	SAMPLE MEASUREMENT	****	*****	*****	7.2	*****	7.2	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	****	****	****	*****	****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	200	gal/min	*****	****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	****	****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	STENNEN (INIIII)	TELEPI	HONE	DATE
T otopriori orpano, reriminar manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)847	7-0993	0/15/201
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings464944004639520099200 Total gallons discharged

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '` SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169 ATTN: STEVE CIPULLO, TERMINAL MGR
 MA0028037
 001-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 10/01/2017
 MM/DD/YYYY

 10/31/2017
 10/31/2017

DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Н	SAMPLE MEASUREMENT	****	*****	*****	6.8	*****	6.8	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	****	****	*****	****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	200	gal/min	*****	*****	****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	200 DAILY MX	gal/min	*****	****	*****	*****		Continuous	Meter

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and bellef, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager			(617)847-0993		1/14/201
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings4688060046494400386200 Total gallons discharged

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

Γ	MA0028037		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	11/01/2017]	11/30/2017

DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Н	SAMPLE MEASUREMENT	****	*****	*****	6.8	*****	6.8	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	7.6	7.6	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	200	gal/min	*****	****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	200 DAILY MX	gal/min	*****	****	****	*****		Continuous	Meter

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Stenhen Cinullo	TELEP	HONE	DATE
Stephen orpane, Ferninal Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84	7-0993	2/14/201
TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings4723190046880600351300 Total gallons discharged

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

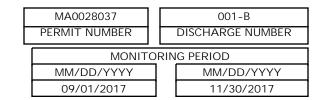
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

QUARTERLY DATA External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toluene	SAMPLE MEASUREMENT	****	****	****	*****	****	1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	****	****	*****	*****	****	1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	****	****	*****	*****	****	9.6	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	****	****	*****	*****	****	9.6	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	****	****	*****	*****	****	9.6	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	****	****	*****	****	****	9.6	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	****	****	****	*****	****	1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER certify under penalty of law that this document and all attachments were prepared under my **TELEPHONE** DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Stephen Cipullo Stephen Cipullo/ Terminal Manager person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (617)847-0993 2/14/201 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '` SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

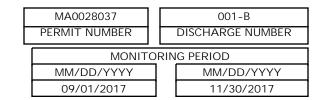
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

QUARTERLY DATA External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	*****	****	****	*****	****	9.6	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	****	****	****	****	****	9.6	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	****	****	****	****	****	9.6	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	****	****	*****	*****	*****	9.6	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	2	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Stephen Cipullo	TELEPI	HONE	DATE
Stephen orpane, Forminar Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)847	7-0993	2/14/201
TYPED OR PRINTED	amormation, moreoving the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

Γ	MA0028037		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	12/01/2017]	12/31/2017

DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	200 DAILY MX	gal/min	*****	****	****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	STENNEN (INIIII)	TELEPI	HONE	DATE
Totophon olpanor rominar manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)847	7-0993)1/12/2018
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings47231900472319000 Gallons discharged

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

Γ	MA0028037		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
			0.050100
	MONITO	RIN	G PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	01/01/2018]	01/31/2018

DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Н	SAMPLE MEASUREMENT	****	****	*****	6.8	*****	6.8	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	200	gal/min	*****	****	****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	200 DAILY MX	gal/min	*****	****	*****	*****		Continuous	Meter

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Stennen Cinullo	TELEPI	HONE	DATE
Stephen orpane, Ferninal Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84	7-0993)2/15/2018
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings4799500047480700514300

Total gallons discharged

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	7.4	*****	7.4	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	****	*****	*****	****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	200	gal/min	****	****	****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	****	****	*****		Continuous	Meter

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Stephen Cipullo	TELEP	HONE	DATE
Stephen Cipullo/ Terminal Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84	7-0993)3/06/2018
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings4852180047995000526800

- Total gallons discharged

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

 MA0028037
 001-B

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 12/01/2017
 02/28/2018

DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

QUARTERLY DATA External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toluene	SAMPLE MEASUREMENT	*****	****	*****	*****	****	< 1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.6	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	****	*****	*****	****	< 9.6	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.6	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.6	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	*****	****	*****	*****	****	< 1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I STENNEN CANALIO	TELEP	HONE	DATE
Totopriori orpano, rominarmanagor	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84	7-0993)3/06/2018
TYPED OR PRINTED	arrormation, including the possibility of this and imprisonifiert for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '` SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

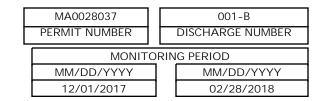
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

QUARTERLY DATA External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	*****	****	****	*****	****	< 9.6	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	****	****	****	****	****	< 9.6	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	****	****	****	****	****	< 9.6	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	****	****	*****	****	< 9.6	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	< 2	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Stephen Cipullo	TELEPI	HONE	DATE
Stephen orpane, Ferninal Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84	7-0993)3/06/2018
TYPED OR PRINTED	amormation, melating the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

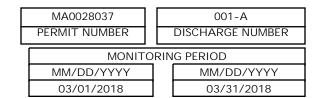
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	7.4	*****	7.4	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	6	6	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	****	****	****	*****	****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	200	gal/min	****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	200 DAILY MX	gal/min	*****	****	****	*****		Continuous	Meter

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I Stenhen Cinullo	TELEPI	HONE	DATE
Stephen orpane, Ferninal Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84	7-0993)4/10/2018
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings4900330048521800481500

- Total gallons discharged

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SPRAGUE TWIN RIVERS TECH TERM

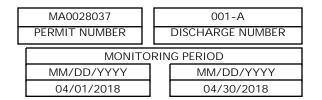
ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	*****	7.4	****	7.4	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	200	gal/min	*****	*****	****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	200 DAILY MX	gal/min	*****	****	****	*****		Continuous	Meter

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Stephen Cipullo	TELEPI	HONE	DATE
Stephen Cipullo/ Terminal Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84 ⁻	7-0993)5/14/2018
TYPED OR PRINTED	amormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings4937620049003300372900 - Total gallons discharged

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '` SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

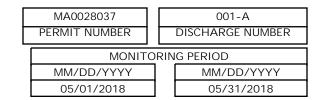
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
На	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	200 DAILY MX	gal/min	*****	****	****	*****		Continuous	Meter

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	Stephen Cipullo	TELEPI	DATE	
Stephen Cipullo/ Terminal Manager	person or persons who manage the system, or those persons directly responsible for gathering	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)847-0993)6/11/2018
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings49376200493762000

- gallons discharged

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

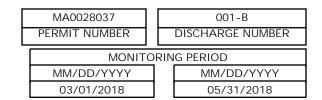
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

QUARTERLY DATA External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toluene	SAMPLE MEASUREMENT	*****	****	*****	*****	****	< 1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.4	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	< 9.4	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.4	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.4	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	*****	****	*****	*****	****	< 1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I STANDAN (INIIIIN	TELEPI	HONE	DATE
Stophen Sipunor Terminar Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84 ⁻	7-0993)6/11/2018
TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

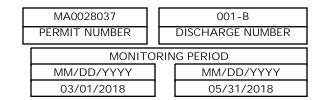
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

QUARTERLY DATA External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 9.4	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	****	****	****	****	****	< 9.4	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	****	****	****	****	****	< 9.4	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	****	****	****	*****	****	< 9.4	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 2	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Stephen Cipulio	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)847	7-0993)6/11/2018
TYPED OR PRINTED	and match, nelecting the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

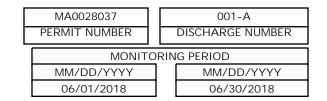
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

IIIng ZIP CODE: 02

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	****	****	****	*****	*****	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	200 DAILY MX	gal/min	****	*****	*****	*****		Continuous	Meter

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Stenhen Cinullo	TELEP	HONE	DATE
Stephen orpane, Ferninal Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84	7-0993)7/09/2018
TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings49376200493762000

- gallons discharged

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '` SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

 MA0028037
 001-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 07/01/2018
 07/31/2018

DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	****	*****	****	*****		Continuous	Meter

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Stephen Cipullo	TELEPI	HONE	DATE
Stephen orpane, Ferninal Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84 ⁻	7-0993)8/13/2018
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

meter Readings49376200493762000

- Gallons discharged

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SPRAGUE TWIN RIVERS TECH TERM

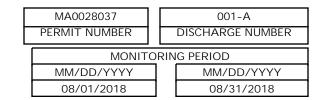
ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	****	****	*****	****	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	200 DAILY MX	gal/min	****	*****	****	*****		Continuous	Meter

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Stenhen Cinullo	TELEP	HONE	DATE
Stephen orpane, Ferninal Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84	7-0993)9/14/2018
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings49376200493762000

- gallons discharged

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

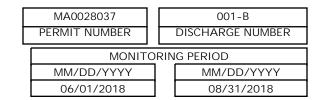
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

QUARTERLY DATA External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toluene	SAMPLE MEASUREMENT	*****	****	*****	****	****	NODI C				
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	****	*****	****	*****	NODI C				
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	****	*****	****	*****	NODI C				
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI C				
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	*****	****	*****	****	*****	NODI C				
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Stennen Cinullo	TELEP	HONE	DATE
Stophon olpano, Terminar Wanager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84	7-0993)9/14/2018
TYPED OR PRINTED	anto madon, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	08/31/2018

DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

QUARTERLY DATA External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	****	****	*****	****	NODI C				
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI C				
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Stennen Cinullo	TELEP	HONE	DATE
Stophen olpano, reminar manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84	7-0993)9/14/2018
TYPED OR PRINTED	anto mation, meloding the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SPRAGUE TWIN RIVERS TECH TERM

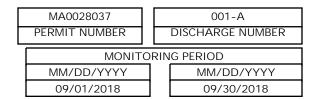
ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.4	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	200	gal/min	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	200 DAILY MX	gal/min	*****	****	****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	STENNEN (INIIII)	TELEPI	HONE	DATE
Totopriori orpanior reriminar manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)847-0993		0/16/2018
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

 ${\tt COMMENTS} \ {\tt AND} \ {\tt EXPLANATION} \ {\tt OF} \ {\tt ANY} \ {\tt VIOLATIONS} \ ({\tt Reference} \ {\tt all} \ {\tt attachments} \ {\tt here})$

Meter Readings4991540049376200672000 - total gallons discharged

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

 MA0028037
 001-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 10/01/2018
 10/31/2018

DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
На	SAMPLE MEASUREMENT	****	****	*****	7.2	*****	7.2	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	200	gal/min	****	****	****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	200 DAILY MX	gal/min	*****	****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the	Stephen Cipullo	TELEPI	HONE	DATE
Totopriori orpanior reriminar manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84 ⁻	7-0993	1/15/2018
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings5039520049915400479800 - total gallons discharged

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	7.2	****	7.2	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	****	****	****	*****	****	< 5.4	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	200	gal/min	****	****	****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	****	****	*****		Continuous	Meter

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Stephen Cipullo	TELEP	HONE	DATE
Stephen Cipullo/ Terminal Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)847-0993		2/14/2018
TYPED OR PRINTED	and metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings5120870050395200813500

- Total gallons discharged

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY
09/01/2018

001-B
DISCHARGE NUMBER

MM/DD/YYYY
MM/DD/YYYY
11/30/2018

DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

QUARTERLY DATA External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toluene	SAMPLE MEASUREMENT	*****	****	*****	*****	****	< 1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.6	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	< 9.6	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.6	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.6	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	*****	****	*****	*****	****	< 1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

TYPED OR PRINTED

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Stephen Cipullo/ Terminal Manager

NUMBER

TELEPHONE

(617)847-0993

AREA Code

Stephen Cipullo

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

2/14/201

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '` SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

 MA0028037
 001-B

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 09/01/2018
 11/30/2018

DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

QUARTERLY DATA External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	*****	****	*****	*****	****	< 9.6	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	****	****	*****	****	****	< 9.6	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	****	****	****	****	****	< 9.6	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	****	*****	****	****	< 9.6	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 2	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Stephen Cipullo	TELEPI	HONE	DATE
Stephen orpane, Forminar Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)847-0993		2/14/2018
TYPED OR PRINTED	amormation, melating the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

 MA0028037
 001-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 12/01/2018
 12/31/2018

DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
На	SAMPLE MEASUREMENT	****	*****	*****	6.9	*****	6.9	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	5.2	5.2	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	****	*****	*****	****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	200	gal/min	*****	****	****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	200 DAILY MX	gal/min	*****	****	****	*****		Continuous	Meter

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Stephen Cipullo	TELEP	HONE	DATE
Stephen Cipullo/ Terminal Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)847-0993)1/15/2019
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings5161620051208700407500 Total gallons discharged

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

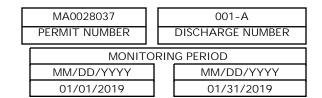
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	7.2	****	7.2	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	****	*****	*****	****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	200	gal/min	*****	****	****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	200 DAILY MX	gal/min	****	*****	*****	*****		Continuous	Meter

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I Stenhen Cinullo	TELEPI	HONE	DATE
Stephen orpane, Ferninal Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84	7-0993)2/07/2019
TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings5228590051616200669700 Total gallons discharged

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SPRAGUE TWIN RIVERS TECH TERM

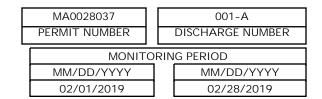
ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.2	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	4.4	4.4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	****	****	****	*****	****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	200	gal/min	*****	****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	200 DAILY MX	gal/min	*****	****	****	*****		Continuous	Meter

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Stephen Cipullo	TELEPI	HONE	DATE
Stephen Cipullo/ Terminal Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)847-0993)3/15/2019
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings5279920052295900503300 - Total gallons discharged

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

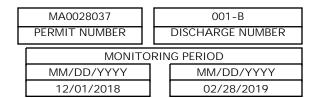
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

QUARTERLY DATA External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toluene	SAMPLE MEASUREMENT	*****	****	*****	****	*****	< 1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	****	****	****	*****	****	< 1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	****	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	****	****	*****	****	****	< 9.5	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	****	****	*****	****	****	< 9.5	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	< 9.5	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	*****	****	*****	****	****	< 9.5	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	*****	****	*****	****	****	< 1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Stennen Cinullo	TELEP	HONE	DATE
	ctophion ofpano, rommar manage.	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84	7-0993)3/15/2019
Ī	TYPED OR PRINTED	and metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '` SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	02/28/2019

DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

QUARTERLY DATA External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 9.5	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	****	****	****	****	****	< 9.5	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	****	****	****	****	****	< 9.5	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 9.5	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 3	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Stephen Cipulio	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)847	7-0993)3/15/201
TYPED OR PRINTED	and match, nelecting the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '` SPRAGUE TWIN RIVERS TECH TERM

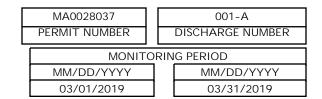
ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	7	*****	7	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	****	****	****	*****	****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	200	gal/min	****	****	****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	200 DAILY MX	gal/min	*****	****	****	*****		Continuous	Meter

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Stenhen Cinullo	TELEP	HONE	DATE
Stephen orpane, Ferninal Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)847-0993)4/15/2019
TYPED OR PRINTED	and matter, meating the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings5328840052799200489200

- Total gallons discharged

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

 MA0028037
 001-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 04/01/2019
 04/30/2019

DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Н	SAMPLE MEASUREMENT	****	*****	*****	7.1	*****	7.1	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	****	****	*****	****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	200	gal/min	*****	*****	****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	200 DAILY MX	gal/min	*****	****	****	*****		Continuous	Meter

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Stephen Cipullo	TELEP	HONE	DATE
Stephen Cipullo/ Terminal Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84	7-0993)5/08/2019
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings5406620053288400777800

-Total gallons discharged

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '` SPRAGUE TWIN RIVERS TECH TERM

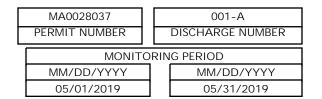
ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
На	SAMPLE MEASUREMENT	****	****	*****	7.6	*****	7.6	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	****	*****	*****	*****	****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	200	gal/min	****	****	****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	200 DAILY MX	gal/min	*****	****	****	*****		Continuous	Meter

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Stephen Cipullo	TELEP	HONE	DATE
Stephen Cipullo/ Terminal Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84	7-0993)6/14/2019
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings5441260054066200346400 - Total gallons discharged

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

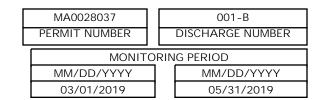
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

QUARTERLY DATA External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toluene	SAMPLE MEASUREMENT	****	****	****	*****	****	1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	****	****	*****	*****	****	1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	****	****	****	****	****	9.4	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	****	****	*****	****	****	9.4	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	****	****	*****	*****	****	9.4	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	****	****	*****	****	****	9.4	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	****	****	****	*****	****	1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER DATE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the Stephen Cipullo Stephen Cipullo/ Terminal Manager person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, (617)847-0993)6/14/201 accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

certify under penalty of law that this document and all attachments were prepared under my

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

TELEPHONE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SPRAGUE TWIN RIVERS TECH TERM

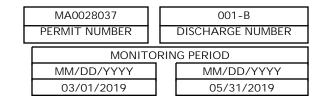
ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

QUARTERLY DATA External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	****	****	*****	*****	****	9.4	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	****	*****	****	*****	****	9.4	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	****	*****	*****	****	****	9.4	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	****	****	****	****	****	9.4	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	****	****	****	****	****	3	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Stephen Cipullo	TELEPI	HONE	DATE
Stephen orpane, Forminar Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)847-0993)6/14/2019
TYPED OR PRINTED	amormation, moreoving the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037 001-A
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY
06/01/2019 06/30/2019

DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	8	*****	8	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	****	****	****	****	****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	200	gal/min	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	200 DAILY MX	gal/min	*****	****	****	*****		Continuous	Meter

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Stephen Cipullo	TELEP	HONE	DATE
Stephen Cipullo/ Terminal Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)847-0993)7/15/2019
TYPED OR PRINTED	amorniador, moduling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings5458790054412600175300 - Total gallons discharged

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

Γ	MA0028037		001-A						
	PERMIT NUMBER		DISCHARGE NUMBER						
	MONITORING PERIOD								
	MM/DD/YYYY		MM/DD/YYYY						
	07/01/2019	1	07/31/2019						

DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	7.4	****	7.4	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	****	*****	17	17	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	****	****	*****	****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	200	gal/min	****	****	****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	****	****	****	*****		Continuous	Meter

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stennen Cinullo	TELEPI	DATE	
Stephen orpane, Ferninal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)847-0993)8/11/2019
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings5488960054587900301700

- Total gallons discharged

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SPRAGUE TWIN RIVERS TECH TERM

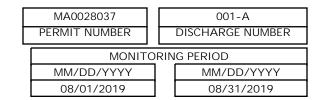
ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	****	****	*****		Continuous	Meter

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	TELEPI	DATE	
Stephen orpane, reminar manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)847-0993)9/13/2019
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

 ${\tt COMMENTS} \ {\tt AND} \ {\tt EXPLANATION} \ {\tt OF} \ {\tt ANY} \ {\tt VIOLATIONS} \ ({\tt Reference} \ {\tt all} \ {\tt attachments} \ {\tt here})$

Meter Readings54889600548896000 - gallons discharged

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SPRAGUE TWIN RIVERS TECH TERM

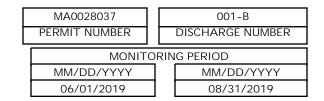
ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

QUARTERLY DATA External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toluene	SAMPLE MEASUREMENT	****	****	****	*****	****	< 1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	****	****	*****	****	****	< 1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	****	****	****	****	****	< 9.6	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 9.6	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	****	****	*****	****	****	< 9.6	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	****	****	*****	****	****	< 9.6	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	****	****	****	*****	****	< 1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

Stephen Cipullo/ Terminal Manager

person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA Code NUMBER MM/DD/YYYY

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TELEPHONE

Stephen Cipullo

DATE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '` SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

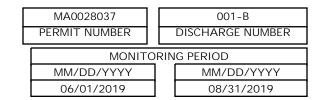
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

QUARTERLY DATA External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	*****	****	*****	*****	****	< 9.6	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	****	****	****	*****	*****	< 9.6	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	****	****	****	*****	****	< 9.6	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	****	****	****	****	****	< 9.6	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	*****	****	****	*****	****	< 3	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Stephen Cipullo	TELEPI	HONE	DATE
Stephen olpane, Formina Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84	7-0993)9/13/2019
TYPED OR PRINTED	amormation, moreoving the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

 MA0028037
 001-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 09/01/2019
 09/30/2019

DMR Mailing ZIP CODE: 02169

ailing zir CODE. 02

TREATED STORMWATER RUNOFF

External Outfall

MINOR

(SUBR E)

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	200 DAILY MX	gal/min	*****	****	****	*****		Continuous	Meter

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Stephen Sipane, Fernina Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84	7-0993	0/08/2019
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings54889600548896990

- gallons discharged

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '` SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

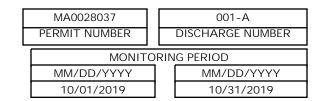
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	*****	7.6	****	7.6	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	****	****	****	*****	****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	200	gal/min	****	****	****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	200 DAILY MX	gal/min	*****	*****	****	*****		Continuous	Meter

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Stenhen Cinullo	TELEPI	HONE	DATE
Stephen Sipane, Fernina Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84	7-0993	1/12/2019
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings5537000054889600480400

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '` SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

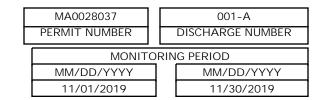
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	7.7	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	13	13	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	200	gal/min	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	200 DAILY MX	gal/min	****	****	****	*****		Continuous	Meter

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Stephen Cipullo	TELEP	HONE	DATE
Stephen Cipullo/ Terminal Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84	7-0993	2/13/2019
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

 ${\tt COMMENTS} \ {\tt AND} \ {\tt EXPLANATION} \ {\tt OF} \ {\tt ANY} \ {\tt VIOLATIONS} \ ({\tt Reference} \ {\tt all} \ {\tt attachments} \ {\tt here})$

Meter Readings5577740055370000407400

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

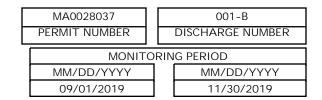
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

QUARTERLY DATA External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toluene	SAMPLE MEASUREMENT	*****	****	*****	****	*****	< 1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	****	****	****	****	****	< 1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	****	****	****	****	****	< 9.9	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	****	*****	****	****	****	< 9.9	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	****	*****	****	*****	< 9.9	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	****	*****	*****	****	****	< 9.9	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	< 1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I STANDAN (INIIII)	TELEP	HONE	DATE
Stophen Sipunor Terminar Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84	7-0993	2/13/2019
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037 001-B
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY
09/01/2019 11/30/2019

DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

QUARTERLY DATA External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER	ľ	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	****	****	****	*****	****	< 9.9	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	****	*****	*****	****	****	< 9.9	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	****	*****	*****	****	****	< 9.9	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	****	****	****	****	****	< 9.9	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	****	****	****	****	****	< 3	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Stephen Cipullo	TELEPI	HONE	DATE
Stephen Sipane, Fernina Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84	7-0993	2/13/2019
TYPED OR PRINTED	anomaton, netacing the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '` SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

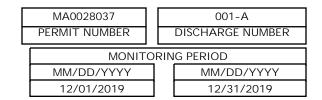
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Нα	SAMPLE MEASUREMENT	****	*****	*****	7.3	*****	7.3	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	****	****	*****	*****	****	5.2	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	200	gal/min	*****	****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	****	****	*****		Continuous	Meter

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I Stenhen Cinullo	TELEPI	HONE	DATE
Stephen Sipane, Fernina Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84	7-0993)1/14/2020
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings5677520055777400997800

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SPRAGUE TWIN RIVERS TECH TERM

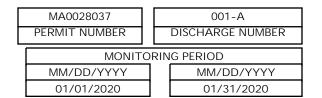
ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	*****	6.8	****	6.8	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	16	16	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	****	****	****	*****	****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	200	gal/min	*****	*****	****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	200 DAILY MX	gal/min	*****	****	****	*****		Continuous	Meter

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	I Stenhen Cinullo	TELEP	HONE	DATE
Stephen Sipane, Fernina Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84	7-0993)2/13/2020
TYPED OR PRINTED	amormation, moreoving the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings5712320056775200348000

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '` SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

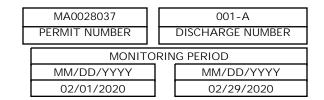
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	****	****	*****	****	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	200 DAILY MX	gal/min	****	*****	*****	*****		Continuous	Meter

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Stephen Cipullo	TELEPI	HONE	DATE
Stephen orpane, reminar manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84	7-0993)3/02/2020
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Meter Readings57123200571232000

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

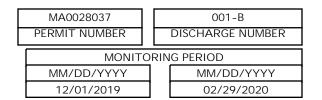
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

QUARTERLY DATA External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toluene	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	NODI C				
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI C				
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	NODI C				
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	NODI C				
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	NODI C				
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Stennen Cinullo	TELEP	HONE	DATE
	etephen elpane, reminar manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84	7-0993)3/04/2020
İ	TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037 001-B PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 02/29/2020 12/01/2019

DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

QUARTERLY DATA External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	****	****	*****	****	NODI C				
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI C				
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Stennen Cinullo	TELEP	HONE	DATE
	otopriori orpano, Torriniai Mariagor	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84	7-0993)3/04/2020
Γ	TYPED OR PRINTED	anto mation, meading the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '` SPRAGUE TWIN RIVERS TECH TERM

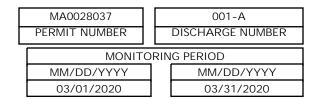
ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	****	6.9	****	6.9	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	****	****	****	****	****	< 5.6	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	200	gal/min	*****	****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	200 DAILY MX	gal/min	*****	****	****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	STENNEN (INIIII)	TELEPI	HONE	DATE
T otopriori orpano, reriminar manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)847	7-0993)4/08/2020
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Reading5759050056832700757800

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '` SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

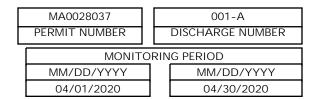
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	7.7	*****	7.7	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	22	22	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	****	****	*****	****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	200	gal/min	****	****	****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	200 DAILY MX	gal/min	*****	****	****	*****		Continuous	Meter

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Stenhen Cinullo	TELEP	HONE	DATE
Stephen orpane, Ferninal Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84	7-0993)5/06/2020
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings5842640057590500835900

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

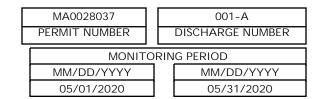
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	7.8	*****	7.8	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	6	6	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	200	gal/min	*****	*****	****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	200 DAILY MX	gal/min	*****	****	****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	STENNEN (INIIII)	TELEPI	HONE	DATE
T otopriori orpano, reriminar manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)847	7-0993)6/14/2020
TYPED OR PRINTED	anomation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings5862380058426400197400

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

 MA0028037
 001-B

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 03/01/2020
 05/31/2020

DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

QUARTERLY DATA External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toluene	SAMPLE MEASUREMENT	****	****	****	*****	****	< 1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	****	****	*****	****	****	< 1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	****	****	****	****	****	< 9.7	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	****	****	****	*****	****	< 9.7	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	****	****	*****	****	****	< 9.7	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	****	****	*****	****	****	< 9.7	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	****	****	****	*****	****	< 1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

Stephen Cipullo/ Terminal Manager

Stephen Cipullo/ Terminal Manager

Stephen Cipullo/ Terminal Manager

Stephen Cipullo/ Terminal Manager

TYPED OR PRINTED

Stephen Cipullo

Girection or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properly gather and evaluate the information submitted. Based on my inquiry of the personnel properi

certify under penalty of law that this document and all attachments were prepared under my

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TELEPHONE

DATE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

 MA0028037
 001-B

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 03/01/2020
 05/31/2020

DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

QUARTERLY DATA External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 9.7	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	****	****	****	****	****	< 9.7	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	****	****	****	****	****	< 9.7	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 9.7	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 1	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Stennen Cinullo	TELEPI	HONE	DATE
Stephen elpane, reminar Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84	7-0993)6/16/2020
TYPED OR PRINTED	an or matter, meloung the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '` SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

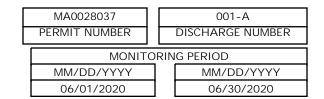
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	****	****	*****	****	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	200 DAILY MX	gal/min	****	*****	*****	*****		Continuous	Meter

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Stephen Cipullo	TELEPI	HONE	DATE
Totopriori orpano, rerimitar manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)847	7-0993)7/06/2020
TYPED OR PRINTED	anomation, including the possibility of thic and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SUBMIT SEPERATE FLOW and pH report with monthly DMR. See footnote5. If no discharge from Tank#8, enter NODI '9'. QUARTERLY RPORTING ON DMR 001B.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

 MA0028037
 001-A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 07/01/2020
 07/31/2020

DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
На	SAMPLE MEASUREMENT	****	****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	200 DAILY MX	gal/min	*****	****	****	*****		Continuous	Meter

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Stenhen Cinullo	TELEPI	HONE	DATE
Stephen elpane, reminar Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84	7-0993)8/12/2020
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Meter Readings58623800586238000 - gallons discharged

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SPRAGUE TWIN RIVERS TECH TERM

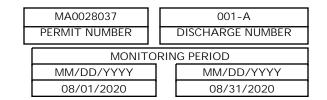
ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	200 DAILY MX	gal/min	*****	****	****	*****		Continuous	Meter

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Stephen Cipullo	TELEPI	HONE	DATE
Stephen orpane, reminar manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84	7-0993)9/09/2020
TYPED OR PRINTED	and matter, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings58623800586238000 - Gallons discharged

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

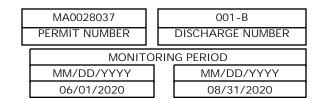
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

QUARTERLY DATA External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toluene	SAMPLE MEASUREMENT	*****	****	*****	****	*****	NODI C				
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	****	*****	****	*****	NODI C				
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	****	*****	****	*****	NODI C				
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI C				
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI C				
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Stennen Cinullo	TELEP	HONE	DATE
otophen ofpano, reminar Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84	7-0993)9/09/2020
TYPED OR PRINTED	anto mador, medaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

 MA0028037
 001-B

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 06/01/2020
 08/31/2020

DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

QUARTERLY DATA External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Stephen Cipullo	TELEP	HONE	DATE
Stophen Sipano, Terminal Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84	7-0993)9/09/2020
TYPED OR PRINTED	and matter, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

MAO	028037		001-A
	NUMBER	\vdash	DISCHARGE NUMBER
	MONITO	RIN	IG PERIOD
MM/	DD/YYYY		MM/DD/YYYY
09/	01/2020		09/30/2020

DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	*****	****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	200 DAILY MX	gal/min	*****	****	****	*****		Continuous	Meter

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Stephen Cipullo	TELEPI	HONE	DATE
Stephen orpane, reminar manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)847-0993		0/09/2020
TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SUBMIT SEPERATE FLOW and pH report with monthly DMR. See footnote5. If no discharge from Tank#8, enter NODI '9'. QUARTERLY RPORTING ON DMR 001B.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

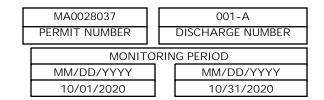
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	7.1	*****	7.1	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	****	****	*****	*****	****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	200	gal/min	*****	****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	200 DAILY MX	gal/min	*****	****	****	*****		Continuous	Meter

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Stenhen Cinullo	TELEP	HONE	DATE
Stephen orpane, Ferninal Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84	(617)847-0993	
TYPED OR PRINTED	and matter, meading the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings5914270058745200397500

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '` SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY

11/01/2020

MM/DD/YYYY

11/30/2020

DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	6.5	****	6.5	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	17	17	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	****	****	****	*****	****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	200	gal/min	*****	****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	200 DAILY MX	gal/min	*****	****	****	*****		Continuous	Meter

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Stenhen Cinullo	TELEPI	DATE	
Stephen orpane, Ferninal Manager	Manager person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84	7-0993	2/14/2020
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings5962220059142700479500

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

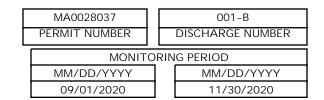
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

QUARTERLY DATA External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Toluene	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	< 1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	****	****	****	****	****	< 1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	****	*****	****	****	< 9.8	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	< 9.8	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	< 9.8	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	*****	****	*****	****	****	< 9.8	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	< 1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

\vdash		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Stennen Cinullo	TELEP	HONE	DATE
	etephen eipane, rennmar manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84	7-0993	2/14/2020
	TYPED OR PRINTED	and matter, metaling the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

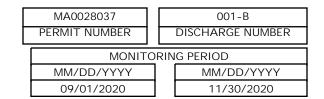
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

QUARTERLY DATA External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	****	*****	*****	*****	****	< 9.8	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	****	*****	****	****	****	< 9.8	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	*****	****	*****	****	****	< 9.8	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	****	****	****	****	****	< 9.8	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	****	****	*****	****	****	< 3	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Stephen Cipullo	TELEPI	DATE	
Stephen orpane, Ferninal Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)84	7-0993	2/14/2020
TYPED OR PRINTED	into matton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037
PERMIT NUMBER

MONITORING PERIOD
MM/DD/YYYY
MM/DD/YYYY
12/01/2020

MA0028037

001-A
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY
12/31/2020

DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	6.5	****	6.5	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	****	****	****	*****	****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	200	gal/min	****	****	****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	****	****	*****		Continuous	Meter

	the information, the information submitted is, to the best of my knowledge and belief, true,	Stennen Cinullo	TELEPI	DATE	
otophon orpano, reminar manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)847-0993)1/14/202
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Reading6040400059622200781800

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET

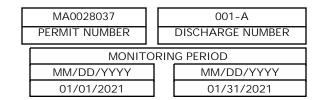
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET

QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR



DMR Mailing ZIP CODE: 02169

MINOR (SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER	ľ	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
рН	SAMPLE MEASUREMENT	****	*****	*****	7.3	*****	7.3	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 MINIMUM	****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	30	42	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	****	****	*****	****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	200	gal/min	****	****	****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	200 DAILY MX	gal/min	****	****	****	*****		Continuous	Meter

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly atther and evaluate the information submitted. Based on my inquiry of the	Stephen Cipullo	TELEPI	TELEPHONE		
Stephen Cipullo6178470993/ Terminal Manager	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(617)847-0993)2/11/202	
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings6071560060404000311600 - Total gallons discharged